

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D2109879	(X3) Date Survey Completed 03/12/2018
Name of Provider or Supplier Mmg - Methodist Park Cities	Street Address, City, State 5709 W Lovers Lane, Dallas, TX	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

(X4) ID Prefix Tag	Summary Statement of Deficiencies
D0000	A Desk Review to the recertification survey ending on 12/11/17 was conducted on 03 /12/18 for Medhealth-Methodist Urgent Care-Inwood, a clinical laboratory located in Dallas, TX. All deficiencies were corrected.